NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY ALCOHOL LAW ENFORCEMENT **BINGO SECTION** (919) 733-4060 4704 MAIL SERVICE CENTER RALEIGH, NORTH CAROLINA 27699-4704

APPLICATION FOR EXEMPT ORGANIZATION SINGLE OCCASION PERMIT TO OPERATE BINGO GAMES

Exempt organization – means an organization that has been in continuous existence in the county of operation of the bingo game for at least one year and that is exempt from taxation under Section 501(c)(3), 501(c)(4), 501(c)(8), 501(c)(10), 501(c)(19), or 501(d) of the Internal Revenue Code and is exempt under similar provisions of the General Statutes as a bona fide nonprofit charitable, civic, religious, fraternal, patriotic or veteran's organization or as a nonprofit volunteer fire department, or as a nonprofit volunteer rescue squad or a bonafide homeowners' or property owners' association. (If the organization has local branches or chapters, the term "exempt organization" means the local branch or chapter operating the bingo game).

Bingo game - means a specific game of chance played with individual cards having numbered squares ranging from one to 75, in which prizes are awarded on the basis of designated numbers on such cards conforming to a predetermined pattern of numbers (but shall not include "instant bingo" which is a game of chance played by the selection of one or more prepackaged cards, with winners determined by the appearance of a preselected designation on the card).

Renewal: Yes No Licen				<u>IY AND SUBI</u>	MITTED IN DUPLICATE.
1. Name of Exempt Organization_					
2. Organization's Administrative	Address				
3. City	State NC Zip Code	e			
4. Mailing address if different from	n above (indicate same as ab	bove)			
5. Federal Tax I.D. Number:	Check O)ne:	Corporation_	Association	Other
6. List below name and home addr persons similarly situated, of the o		of the org	anization as we	ll as the name and	address of the directors, or other
<u>NAME</u>	<u>ADDRESS</u>				TITLE

7. List below name and home address of each of organization who are directly responsible for an NAME			
Contact person for bingo is:			
member 2:			
member 3:			
member 4:			
CHECK ONE BELOW:			
8. (A) A copy of the application for recogning North Carolina Department of Revenue indices granted required is attached to this application. (organization, a copy of the determination letter of the companion of	eating that the organization (If the organization is a S	on is exempt and stating the section state or local branch, lodge, post, o	n under which the exemption is or chapter of a national
(B) A copy of the application for recognition Carolina Department of Revenue indicating that file and is current.			
9. State below the location at which the organization	ation will conduct bingo	games.	
(Street & Number) (City)	(County)	(State)	(Zip Code)
10. Does the organization own the premises who (If not owned by the organization, a copy of the fide property management agent and tax evaluat of the tax value of the property. (No subleasing 11. Day(s) of week and time of day bingo games	lease or rental agreemention documentation is requisipermitted.)	t between the exempt organization	
	CONDITIONS (OF LICENSE	
It is expressly understood by the applicant organ 1. An exempt organization may only conduct bin Statutes. All bingo games conducted by an exem and must be included in the overall prize limitat kind may be conducted in connection with bingo 2. A bingo game conducted other than in accord "gambling" within the meaning of Chapter 19 of	ngo games in accordance opt organization are cove ions specified by the State oas described in the statulance with the statute or the statute	ered by this statute and must be rep tute. No other games of chance res ute.	ported in the annual Bingo Audit, sulting in prizes or awards of any
3. A copy of the exempt organization's application the county or municipality in which the organization of the bingo st	on and license is required ation intends to operate b	pefore bingo is conducted.	
I certify that all of the information provided in the and understand the foregoing conditions, and the	CERTIFI his application is true and	ICATE d accurate to the best of my knowl	
to	(Local Law Enforce	ement Agency) on	(date).
		Witness	s my hand and notarial seal/stamp,
(Name of Organization)			this theday of,,
(Signature and title of officer making application	n for organization)		Notary Public
		My Commission	expires:
Telephone number of organization DAYTIMI	E TELEPHONE NUMBI	ER	1
DATE:Re	enewal/New fee is er	nclosed: \$200.00 (checks pa	yable to NC CC&PS)